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10/811,609		604	3763	1001.1368102

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**** CONTINUING DATA *******

This application is a CON of 09/770,330 01/26/2001 PAT 6,786,887

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****
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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Verified and Acknowledged	/MANUEL A MENDEZ/ Examiner's Signature	Initials	MN	11	21	3

ADDRESS

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TITLE

Intravascular occlusion balloon catheter

FILING FEE RECEIVED 788	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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